

Business License Application Appendix B Box 308 • Dawson City • YT • Y0B 1

Box 308 • Dawson City • YT • Y0B 1G0 Phone (867) 993–7400 Fax (867) 993-7434

 New Application 	Renewal	□ Chan	ige of Name	[Change of Ownership			ange of ocation	
Application Date	<u> </u>	I		Busines		I	L		
Business Owner /				Street Address:					
Operator Name Phone Number:									
Phone Number:				Phone Number:					
Mailing Address:				Mailing Address:					
Lot Block Estate				Will you be operating your business in other Yukon Communities? □ No □ Yes You may wish to purchase an Inter-Municipal Business License for participating Yukon Communities					
ROLL#:									
Is this location Owned Leased				Would you like your business& contact information included on City of Dawson Web-site? YesNo					
				Email Address					
Property Owner Information Name:				Web Address					
Mailing Address:				Description of Business					
				Number of Off-Street Parking Spaces					
Telephone Number				Winter C	nter Contact Name Winter Contact Ph#				
Please answer the following questions									
Are you renovating or altering the premises in any way? PYes DNo If yes, City of Dawson Development Permit is required									
Will there be any new signage? I Yes No if yes, City of Dawson Development permit is required									
Is this a home-based busi	Yes 🗆 No	lo If yes, please indicate how many visits/day:							
Will there be food preparation or handling on this premise? □Yes □No If yes, YG Environmental Health approval is required									
Does this business provide childcare services?							•		
Is this application for a Taxi Business License?					es □No If yes, requirements of City of Dawson Vehicle for Hire Bylaw must be met prior to license being issued				
Is this application for a street vendor permit?					If yes, street vendor requirements of City of Dawson Business Yes □No license bylaw must be met				
Is this application for a mobile refreshment stand?					If yes, Mobile Refreshment Stand requirements of City of Dawson				
					Business license bylaw must be met Yes DNo If yes, a Contractor Safety Program package must be completed				
, ,					prior to commencement of work.				
I hereby make application for a business license and declare that the above statements are true and correct. I understand that if I am granted the license applied for I will be required to comply with all of the Dawson Bylaws									
SIGNATURE OF OWNER OR AUTHORIZED AGENT: DATE:									
OFFICE USE ONLY									
	USE:			-		FEE:	Lic	;#	
DEPARTMENT Planning	APPROVED		NOT APPROVED		DATE	COMMENT	S		
Bylaw									
City Manager									
					Data Lizzara M	1 a al		la Mala	
					Date License Mailed Initials				